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1634/4

Please affix a plus sign in the box 

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/529,217
Filing Date	April 10, 2000
First Named Inventor	Emmanuelle Guillot et al.
Group Art Unit	1634
Examiner Name	J. Souaya
Attorney Docket Number	21029-00196-US

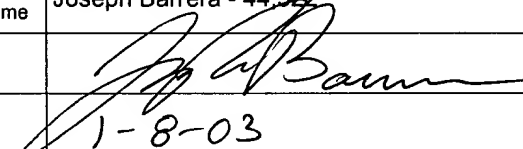
Total Number of Pages in This Submission

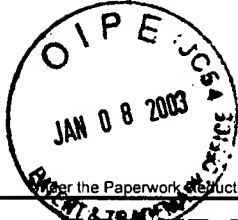
ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	CONNOLLY BOVE LODGE & HUTZ, LLP Joseph Barrera - 44.522
Signature	
Date	1-8-03



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2003 <i>Patent fees are subject to annual revision.</i>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/529,217-Conf. #1395
		Filing Date	April 10, 2000
		First Named Inventor	Emmanuelle Guillot et al.
		Examiner Name	J. Souaya
		Group Art Unit	1634
TOTAL AMOUNT OF PAYMENT (\$)		Attorney Docket No.	21029-00196-US

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	3. ADDITIONAL FEES	
<input type="checkbox"/> Money Order	<input type="checkbox"/> Other		
<input checked="" type="checkbox"/> None			
<input checked="" type="checkbox"/> Deposit Account			
Deposit Account Number: 22-0185			
Deposit Account Name: Connolly Bove Lodge & Hutz, LLP			
The Commissioner is hereby authorized to: (check all that apply)			
<input checked="" type="checkbox"/> Charge fee(s) indicated below			
<input checked="" type="checkbox"/> Credit any overpayments			
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application			
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			

FEE CALCULATION	
1. BASIC FILING FEE	
Large Entity	Small Entity
Fee Code	Fee Code
Fee (\$)	Fee (\$)
Fee Description	Fee Paid
1001 750	2001 375
1002 330	2002 165
1003 520	2003 260
1004 750	2004 375
1005 160	2005 80
SUBTOTAL (1) (\$) 0.00	

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	
Total Claims	-20** =
Independent Claims	-3** =
Multiple Dependent	
Large Entity	Small Entity
Fee Code	Fee Code
Fee (\$)	Fee (\$)
Fee Description	Fee Paid
1202 18	2202 9
1201 84	2201 42
1203 280	2203 140
1204 84	2204 42
1205 18	2205 9
SUBTOTAL (2) (\$) 0.00	

3. ADDITIONAL FEES	
Large Entity	Small Entity
Fee Code	Fee Code
Fee (\$)	Fee (\$)
Fee Description	Fee Paid
1051 130	2051 65
1052 50	2052 25
1053 130	1053 130
1812 2,520	1812 2,520
1804 920*	1804 920*
1805 1,840*	1805 1,840*
1251 110	2251 55
1252 410	2252 205
1253 930	2253 465
1254 1,450	2254 725
1255 1,970	2255 985
1401 320	2401 160
1402 320	2402 160
1403 280	2403 140
1451 1,510	1451 1,510
1452 110	2452 55
1453 1,300	2453 650
1501 1,300	2501 650
1502 470	2502 235
1503 630	2503 315
1460 130	1460 130
1807 50	1807 50
1806 180	1806 180
8021 40	8021 40
1809 750	2809 375
1810 750	2810 375
1801 750	2801 375
1802 900	1802 900
Other fee (specify)	
*Reduced by Basic Filing Fee Paid	
SUBTOTAL (3) (\$) 110.00	

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Joseph Barrera	Registration No. (Attorney/Agent)	44,522
Signature		Telephone	(202) 331-7111
		Date	1-8-03